OMB APPROVAL **UNITED STATES** FORM D OMB Number: 3235-0076 SECURITIES AND EXCHANGE COMMISSION Expires: April 30,2 2008 Washington, DC 20549 Estimated Average burden SEC hours per response 16.00 Mail Processing FORM D Section SEC USE ONLY Prefix Serial JAN : 8 2008 NOTICE OF SALE OF SECURITIES DATE RECEIVED PURSUANT TO REGULATION D. Washington, DC **SECTION 4(6), AND/OR** 100 UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (: check if this is an amendment and name has changed, and indicate change.) Class A Participating Shares and Class B Participating Shares Filing Under (Check box(es) that apply): : Rule 504 Rule 505 : Section 4(6) : ULOE Type of Filing: :X New Filing : // Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer (: check if this is an amendme*.it and name has changed, and indicate change.) Name of Issuer Permit Capital Cayman Fund, Ltd. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) One Tower Bridge, 100 Front Street, Suite 900, West (610) 941-5000 Conshohocken, PA 19428 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business **Private Investment Fund** Type of Business Organization : other (please specify): THOMSON : limited partnership, already formed : / X / corporation **FINANCIAL** : limited partnership, to be formed : business trust Month Year :/X/ Actual : Estimated Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State: CN for Canada; FN for other foreign jurisdiction) *The Issuer is a limited partner of Permit Capital Fund, L.P., a Delaware limited partnership (the "Master Fund"), which is engaged in an offering of limited partnership interests pursuant to Rule

506 of Regulation D. Form D was filed with the Securities and Exchange on behalf of the Master Fund on November 11, 2002.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
 and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: / X/ Promoter :// Beneficial Owner :// Executive Officer :// Director // General and/or Managing Partner

Full Name (Last name first, if individual)

Permit Capital Fund, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

100 Front Street, Suite 900, West Conshohocken, PA 19428

Check Box(es) that Apply: Promoter :/X/ Beneficial Owner /X/ Executive Officer /X/ Director : General and/or Managing Partner

Full Name (Last name first, if individual)

Reese, Ronald R.

Business or Residence Address (Number and Street, City, State, Zip Code)

100 Front Street, Suite 900, West Conshohocken, PA 19428

Check Box(es) that Apply: : Promoter : Beneficial Owner : Executive Officer : /X/ Director : General and/or Managing Partner

Full Name (Last name first, if individual)

Frick, Paul A.)

Business or Residence Address (Number and Street, City, State, Zip Code)

100 Front Street, Suite 900, West Conshohocken, PA 19428

Check Box(es) that Apply: // Promoter :/X/ Beneficial Owner : Executive Officer : Director : General and/or Managing Partner

Full Name (Last name first, if individual)

Bennett, Thomas.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Permit Capital Fund, L.P., 100 Front Street, Suite 900, West Conshohocken, PA 19428

				В. 1	INFORM	ATION ABO	OUT OFFER	ING				
											Yes	No
1.	Has the issu						nvestors in th	is offering?			: X	:
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?								\$ <u>2,000,000*</u>			
* Ma 3.	•		retion of the								Yes	No
J.	Does the of	icing permi	it joint owner	ship of a sh	igic unit: .	••••••	••••••	•••••	***************************************		: X	:
4.	commission If a person or states, lis broker or de	or similar into be listed in the name of the name of the name of the listed in the lis	remuneration is an associate of the broker ay set forth the	for solicitated person of dealer.	ition of pur or agent of if more tha	rchasers in c a broker or o n five (5) pe	vill be paid of onnection with dealer register rsons to be lise ealer only.	th sales of sec ed with the S	curities in th SEC and/or v	e offering. vith a state		
Full 1	Name (Last r	iame first, if	f individual)									
Busin	ness or Resid	ence Addre	ss (Number a	nd Street, C	City, State,	Zip Code)						
Name	e of Associat	ed Broker o	r Dealer									
			l Has Solicite				•••				11 04-4-	
(Chea		s" or check [AZ]	individual Sta [AR]	ates) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	;A [GA]	II States [HI]	[ID]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last	name first,	if individual)								
Busii	ness or Resid	lence Addre	ss (Number a	nd Street, C	City, State,	Zip Code)						
Nam	e of Associa	ted Broker o	or Dealer					<u>.</u>				
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(Che [AL]		s" or check [AZ]	individual St [AR]	ates) [CA]	[CO]	[CT]	[DE]	IDC1	[FL]	:A [GA]	Il States [HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
					[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[MT] [NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[RI]						[41]			[]			
			f individual)		3's - 6'	7:- C- J-\						
			ess (Number a	ınd Street, (Lity, State,	Zip Code)			·			
	e of Associa						<u> </u>	. <u>.</u>				
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	rmi)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[IL]	[IN]	[]										

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$Unlimited	\$ <u>1,075,000</u>
/X/: Common : Preferred		<u> </u>
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify)	\$	\$
Total	\$Unlimited	\$ <u>1,075,000</u>
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	<u> </u>	1122127
	Number Investors	Aggregate Dollar Amoun of Purchases
Accredited Investors	2	\$ <u>1,075,000</u>
Non-Accredited Investors		\$
Total (for filings under Rule 504 only)		\$
3. If this filing is an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	T (C) 'A	D.II. A
Type of Offering	Type of Security	Dollar Amoun Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	:	\$
Printing and Engraving Costs	:	\$
Legal Fees	/X/:	\$ <u>30,000</u>
Accounting Fees	:	\$
Sales Commission (specify finders' fees separately)	:	\$
Other Expenses (identify)	:	\$

/X/:

\$30,000

C. OFFERING FRICE, NUMBER OF INVESTORS, EXPENSES	AND U	SE OF FR	OCEE	ns		
b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question This difference is the "adjusted gross proceeds to the issuer."	on 4.a.			\$ <u>Unlimited</u>		
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or pro to be used for each of the purposes shown. If the amount for any purpose is not known furnish an estimate and check the box to the left of the estimate. The total of payments listed must equal the adjusted gross proceeds to the issuer set forth in rest to Part C – Question 4.b above.	nown, of the					
		Paymen				
		Office	-			
		Directors Affilia	-	Payr	nents to Others	
Salaries and fees	*******	: s		:	\$	
Purchase of real estate		:		:	\$	
Purchase, rental or leasing and installation of machinery and equipment		: \$;	\$	
Construction or leasing of plant buildings and facilities		: \$:	\$	
may be used in exchange for the assets or securities of another issuer pursuant to a merge.		: s		:	\$	
Repayment of indebtedness		: \$:	\$	
Working capital		: \$:	\$	
Other (specify): Investment		. \$	0	: X	\$ <u>Unlimited</u>	
		: \$:	\$	
Column Totals				:	\$	
Total Payments Listed (column totals added)		:	X\$ <u>Unlin</u>	<u>nited</u>		
D. FEDERAL SIGNATURE	•					
The issuer has duly caused this notice to be signed by the undersigned duly authorized following signature constitutes an undertaking by the issuer to furnish to the U.S. Secu request of its staff, the information furnished by the issuer to any non-accredited invest	rities and	Exchange	Commi	ission,	upon written	
Issuer (Print or Type) Signature			Date	e	2.0	
Permit Capital Cayman Fund, Ltd.			Jan	ıuary	, 2008	
Name of Signer (Print or Type) Title of Signer (Print or Type)						
Ronald R Reese Secretary of the Issuer						

END